

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035735

STATE FILE NUMBER

Registration District No. 228

Primary Registration District No. 2000

Registrar's No. 1353

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0397

2 0841

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED OCT 14 1963

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Bolivar</u>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Protestant Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Bolivar</u>	

3. NAME OF DECEASED (Type or print) First <u>EDNA</u> Middle <u>S.</u> Last <u>Edwards</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>6</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 10, 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home making</u>	
11. BIRTHPLACE (City and state or country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>Lillian Winton, Morrisville Mo</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>81</u>		17. INFORMANT <u>Lillian Winton, Morrisville Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: (IMMEDIATE CAUSE (a) <u>appendicitis to gangrene + severe generalized peritonitis</u>) INTERVAL BETWEEN ONSET AND DEATH <u>23 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>8:15 P</u> Month, Day, Year <u>9-25-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Springfield, Mo.</u>		20g. COUNTY <u>Polk</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>9-25-63</u> to <u>10-6-63</u> and last saw her alive on <u>10-6-63</u> . Death occurred at <u>8:15 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>Elena W. Farthing MD</u>		22b. ADDRESS <u>1636 S. Glenstone Springfield, Mo.</u>		22c. DATE SIGNED <u>10-9-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-9-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery Bolivar</u>	
23d. LOCATION (City, town, or county) <u>Bolivar</u>		23e. STATE <u>Mo.</u>		23f. DATE RECD. BY LOCAL REG. <u>10-10-63</u>	
24. FUNERAL DIRECTOR <u>Sidney J. Pitts Bolivar Mo</u>		25. REGISTRAR'S SIGNATURE <u>Lillian Winton</u>		26. REGISTRAR'S SIGNATURE <u>Lillian Winton</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

82560-801

STATE OF MISSISSIPPI DEPARTMENT OF HEALTH

EMBALMER'S CERTIFICATE

10/6/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student: _____

Signature of Student Embalmer

Signed

Edney J. Pitts

Licensed Embalmer No. 4939

P. O. Address Bol. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.